INTERNATIONAL ORGANIZATION FOR HEALTH

By

C.-E. A. WINSLOW, M.D.

Commission to Study the Organization of Peace
8 West 40th Street New York 18, N. Y.

Copies of this paper may be ordered from the

COMMISSION TO STUDY THE ORGANIZATION OF PEACE
8 West 40th Street New York 18, N. Y.
Single Copy—10 Cents

181

FOREWORD

Plans for the organization of a lasting peace must include the prevention of epidemic diseases and the promotion of the health of the peoples of the world. After long hard struggles international cooperation in health matters was making rapid strides when the war started. The efforts of several international and regional health organizations were being intensified and coordinated with the Health Organization of the League of Nations taking the leadership in assisting governments of undeveloped countries to improve their health services in the interest of the world community. Today the United and Associated Nations face the problem of epidemic prevention, relief and rehabilitation in countries overrun by the enemy. They must build into the general international organization envisaged at Moscow means of continuing and expanding the international health work which existed before the war.

The Commission to Study the Organization of Peace is glad to present this article by one of its members on the problems and organization of international collaboration in health matters. Dr. C.-E. A. Winslow, the author, is Director of the John B. Pierce Laboratory of Hygiene and Anna M. R. Lauder Professor of Public Health in Yale University Medical School. He has been a member of the League's Health Committee; is at present a member of a League Committee on the Hygiene of Housing, and is chairman of a national committee on housing set up under League auspices.

Doctor Winslow has drawn on his intimate experience with the Health Organization of the League of Nations in outlining the aims, functions, and framework of the International Health Organization of the future. It is hoped that this article will help to give substance to the views of those who believe that organization of peace as well as prevention of war must be the concern of the organized world community.

FRANK G. BOUDREAU, M.D.

April 1944

INTERNATIONAL ORGANIZATION FOR HEALTH

C.-E. A. WINSLOW, M.D.

I. War and Disease

THE MYSTICAL symbolism of the sixth chapter of Revelations has a pregnant message for us today. The white horse of ruthless power, the red horse of war, the black horse of famine, and the pale horse of death are still stablemates; and their deadly riders exercise dominion today over much more than "the fourth part of the earth."

The advance of medical science has taught us that, even in normal times—in a country as prosperous as the United States—a quarter or more of our children suffer from minor dietary deficiencies which, in subtle but demonstrable degree, handicap them in health and efficiency. Today, every country which is at war suffers from unusual dietary stress. Many areas of China are face to face with mass starvation. The continent of Europe may be divided into "the starving countries" and "the hungry countries."

Twenty years ago, we had a preview of what is likely to happen again after the war if we are not on our guard. In Austria in 1921, the Austrian crown was worth less than one-tenth of a cent. The cost of living had gone up one hundred times and the wages of industrial workers less than fifty times and that of the professional classes only four or five times. A well-known professor at the University of Vienna who had eight children was receiving a salary equivalent to $10 a month, less than half the minimum necessary to support his family. His assistant, who had served the University for sixteen years earned about one-fifth as much. The milk supply of the city had dropped from 850,000 liters a day to 60,000 liters (with an increased population). For the whole of Austria, births exceeded deaths by 35,000 in 1914; while deaths exceeded births by 71,000 in 1918.

Disease followed famine, as inexorably as famine followed war. Tuberculosis increased its death-toll in Germany by 57 per cent in 1918 as compared with 1914. With the additive effects of mass migration, breakdown of community controls and lack of medical service, more dramatic manifestations of epidemic disease appeared. In the Soviet Union, between 1917 and 1921, there were more than twenty-five million cases of typhus fever, with over two and one half million deaths.

The direct loss of human lives on the battlefronts of Russia and China in the present war has probably already exceeded the toll taken in any previous war in a comparable period of time. Certainly, the suffering inflicted in Europe upon conquered populations has exceeded any similar tragedy in the history of the human race. The essential basis of nutrition—not for health, but for survival—may be set at 2000 calories of food energy per day. The allowance today in Poland is 800 calories for a Pole and 400 calories for a Jew. Even in merely "hungry" and not "starving" countries, like Holland and Belgium, the inmates of institutions who receive only the official ration (with no recourse to the Black Market) are in many instances dying of deficiency diseases. In many areas, the deliberate destruction of social machinery and the ruthless appropriation of public and private property have vastly increased the distress which inevitably follows in the wake of war. When hostilities cease, the demobilization of vast armies and the re-location of millions of expatriated peoples will accentuate the gravity of the crisis.

Typhus fever, which decimated the retreating armies of Napoleon and swept back into western Europe with the refugees from Russia in 1921 is astir in the very same Vilno-Grodno-Bialystok triangle where it raged a century ago and, again, two decades ago. It cannot be held within the bonds of Polish concentration camps. A warning on a small scale of what we may expect on a great scale is the recent flareup of typhus in the city of Naples.

After the war, the need will be urgent and immediate for

Feeding the hungry
Caring for the sick
Controlling epidemic disease
Providing the essentials of community sanitation
Protecting the health of mothers and infants.

If we do not move promptly and effectively we may well see a repetition of the human suffering and social dislocation which accompanied the Black Death of the fourteenth century. If, on the other hand, we develop an international world order which can effectively apply the results of modern medical science, the prevention of such a catastrophe is well within our power. As a member of this Commission has recently pointed out, both infectious and deficiency diseases can now be controlled far more effectively than in 1920. "The almost miraculous results of the sulfonamides and penicillin are known to everyone who reads a newspaper. Lousiness, the plague of the trenches and military fronts, can be readily controlled by new agents and methods which may ultimately mean the deathblow to typhus fever. . . . Granted an effective civil administration to control movements of population and to provide for basic human needs, science may reduce the peril of post-war epidemics to a shadow of its former dimensions."

II. Relief and Rehabilitation

It is a source of deep satisfaction that the first steps have already been taken to deal with the immediate phases of this problem.

The responsibility for coping with the menace of disease must necessarily first rest upon our Armies of Occupation. Each area into which the troops of the United Nations move will—for a shorter or longer time—be of primary military importance and the military forces must be in complete charge. Both Great Britain and the United States have developed intensive training courses to prepare physicians, engineers and other experts to meet the health responsibilities of Civil Affairs Administration; and a joint Allied Military Government organization is effectively at work in North Africa and in Italy. Here is a concrete example of the statement once made by the late President A. Lawrence Lowell of Harvard that "It is hardly an exaggeration to summarize the history of four hundred years by saying that the leading idea of a conquering nation in relation to the conquered was in 1600, to change their religion; in 1700 to change their laws; in 1800 to change their trade; and in 1900 to change their drainage. May we not say that on the prow of the conquering ship in these four hundred years, first stood the priest, then the lawyer, then the merchant, and finally the physician."

Military government will continue for a varying length of time in different areas but will be only temporary. A second stage of the program was provided for through the organization in 1943 of the United Nations Relief and Rehabilitation Administration. The Draft Agreement creating this new international body outlines its purpose as follows: "that immediately upon the liberation of any area by the armed forces of the United Nations the population thereof shall receive aid and relief from their sufferings, food, clothing and shelter, aid in the prevention of pestilence and in the recovery of the health of the people, and that preparation and arrangements shall be made for the return of prisoners and exiles to their homes, for the resumption of agricultural and industrial production, and the restoration of essential services, to the end that peoples once freed may be preserved and restored to health and strength for the tasks and opportunities of building anew."

The health aims of UNRRA are outlined more fully as follows in a Report of the Subcommittee on Policies with Respect to Health and Medical Care presented to the First Meeting of the Council of UNRRA at Atlantic City last November.

"1. The health work will necessarily constitute one of the primary and fundamental responsibilities of UNRRA. The relief and rehabilitation program must aim toward the maximum of health security within the practicable limits of the resources of the United Nations.

"2. This program would consist chiefly of the provision of assistance to governments in the rapid reestablishment of their health services generally, preventive and curative. These services include not only disease control and relief from malnutrition, but also the reestablishment of medical services, hospitals, dispensaries, sanatoria, health centers, laboratories, environmental sanitation, maternity and child welfare services, the control of endemic diseases, particularly tuberculosis and venereal diseases, and other essentials for health. For this purpose UNRRA should be prepared to give assistance in connection with equipment and supplies, personnel, expert advice, facilities for technical training and the collection and dissemination of information bearing on the above problems.

"3. One of the aims of UNRRA should be to equalize opportunity for the restoration of health in the various countries. This will involve a sharing of responsibilities and equitable distribution of goods

and other assistance in proportion to need and in accordance with a coordinated plan."

Along these lines, UNRRA will work in collaboration with, and at the request of AMG in the first phases of relief and rehabilitation; in many areas it will itself carry on the work during a second phase before fully constituted local authorities are set up; and it will cooperate with such local authorities in a third and final phase of evolution.

During the depression years we witnessed the phenomenon of hunger in the midst of abundance. In even the most prosperous countries like our own, the unemployed could not buy the food they needed for health while farmers were ruined because they could not sell the abundance of food they produced. In order that this may not occur again, governments must intervene with plans for the distribution of surplus foods to those in need. In the international field, Argentina, Australia, Canada, the United Kingdom and the United States have already set up an International Wheat Council one of the objects of which is to provide large amounts of wheat for relief purposes. The Argentine Government has declared its intention of giving 200 thousand metric tons of wheat to the relief pool, and 50 thousand tons of that amount have already been earmarked for shipment to Greece.

The first challenge to UNRRA will be the mass feeding of large populations, a primary and immediate task in every liberated area. To supply the food and to provide for its transportation and distribution will tax the resources of the whole world; and the program will require the direction of the most capable experts in medicine and in nutrition.

Estimates of food needs after the war vary greatly. One conclusion emerges from them all; the amounts of food available in the world will be barely sufficient to feed the hungry in Europe during the first year of rehabilitation. No one has been bold enough to declare that sufficient amounts of food can be made available for the prompt relief of all the countries now at war, in the Far East as well as in Europe. Yet, it should be remembered that this is the first time in the history of the world that governments of a large number of nations have joined together to bring relief to the victims of war. No such concerted planning for relief has taken place before. The magnitude of the problem is clearly recognized, and every

possible measure is being taken to be prepared for immediate action when the enemy is driven out.

The Food and Nutrition Board of the National Research Council has estimated that "by combining certain adjustments of production and utilization which (experts) regard as feasible, we (the United States of America) could, within two years, furnish nutritious diets for fifty million more people than we are now feeding. How rapidly this increased margin can be made available will depend largely upon the support of public opinion. . . ."

The Government will not act to work out these adjustments, if farmers, housewives and other groups object to the necessary controls and the minor sacrifices involved. Yet the arguments for feeding the hungry in countries from which the enemy has been driven out are cogent.

"Relief and rehabilitation are essential parts of the task of winning the war. The Axis countries are attempting to weaken and ruin all of their neighbors, and to prevent their recovery. We shall not have won the war until we succeed in undoing the great evil which the Axis armies have done."

Furthermore, relief is an essential part of the plan to cushion the shock of postwar economic adjustments in America. The prosperity of this country must depend to a great extent on foreign trade. In the words of Philip Jessup:

"No markets exist in a man-made desert where cities are destroyed with their factories and where starving and dying, ragged people eke out a precarious existence while demobilized bands of soldiers roam the countryside looting and taking from the wretched survivors even what little they still have."

Since the United States of America is one of the great food-producing countries of the world, it is our duty to produce and conserve food in preparation for the last step in winning the war; restoring the occupied countries to health and prosperity.

After that step has been taken, the countries of the world, through the international organization concerned with food and agriculture, must act in concert to increase food production and to improve food distribution so that the world may never again witness the spectacle of farm surpluses which cannot find a market and hungry millions who cannot buy food.

Starvation is one of the chief factors—but by no means the only

factor—in the increase of sickness in war-torn and exploited areas. Hospitals and medical facilities normally available for the civilian population have been taken over by the occupying armies for military purposes. Physicians have been killed or driven into exile. When a given area is abandoned by the enemy forces it is more than probable that, as has been the case in Russia, they will systematically loot and destroy hospitals and other medical facilities.

Clearly, detailed plans must be made for providing medical relief, immediately on the occupation by the United Nations of any particular area; and it is estimated that—for Europe as a whole—the population to be served by such emergency medical relief will total fifty million persons. Similar, but greater needs will be manifest in the rehabilitation of devastated and occupied areas in China and other countries of the Far East. Accumulation of large stockpiles of hospital equipment and medical supplies and recruitment of trained medical and nursing teams will be essential in meeting this need.

Parallel with such planning for medical care, we must have a similar program of immediate service in the field of sanitation. The destruction of water supplies in the Ruhr and at Pantelleria are outstanding examples of the damage wrought by war. Destruction by deliberate sabotage must be expected at the hands of retreating forces. Emergency installations for water purification by chlorination or other means, must therefore be available in the first line of defense against disease. Field laboratories must be provided for the testing and control of civilian water supplies. Cholera and typhoid are still present in many areas now occupied or likely to be occupied by the United Nations; and dysentery is a world-wide menace under insanitary conditions. Therefore, provision must be made for the protection of food supplies and for the safe disposition of human excreta.

In many parts of the world, in Greece and the Balkans, in West Africa, in the Far East, the problem of malaria is, and will be, of first importance. Throughout the course of history malaria has diminished with the development of a peace economy, drainage and agriculture; and has increased again when such peaceful pursuits were interrupted by the destructive influence of war. The danger is greatly increased in the present global war, when troops are being brought back from regions where malaria is almost universal to

countries where the mosquitoes which transmit the disease exist and only the factor of fresh human infection is lacking. During the first week of February 1944, 4 cases of malaria and 12 cases of dysentery were reported in one small New England state. Teams of physicians, engineers and entomologists must be ready and equipped with all necessary devices and supplies for the treatment of malaria, for the protection of persons and dwellings against mosquitoes and for the destruction of adult mosquitoes and elimination of accumulations of stagnant water in which they breed.

All types of communicable disease are certain to increase in undernourished and economically handicapped people, particularly where vast interchanges of populations are taking place. Diphtheria and scarlet fever had increased fourfold even in Germany by 1942. Special machinery for collecting and analyzing reports of such diseases, for the establishment of quarantine procedures, involving emergency agreements between the various governments concerned and the pooling of resources for dealing with epidemic conditions will be essential.

The typhus which decimated the troops of Napoleon during the retreat from Moscow was no isolated incident. Exactly the same phenomenon occurred two decades ago, in the very same towns and villages; and in this same area of northern Poland where Napoleon's legions suffered most severely, there have been sinister rumors during the last two winters of an increase in typhus fever.

Sera and vaccines for the treatment and prevention of epidemic disease must therefore be provided; with the apparatus and supplies and the trained personnel necessary for the control of typhus. For this purpose there are now available new methods which are far more effective than any we have had before.

Syphilis and gonorrhea have, in most countries, increased under the stress of war; and here again, we have new treatment procedures which make our methods of control far more powerful than in the past. Clinic provisions for the treatment of these diseases and the elimination of sources of new infection will be essential in rehabilitation, if not in the first stages of relief.

In the more prosperous nations tuberculosis has been brought under substantial control; but this is, par excellence, a disease of poverty and malnutrition. In Germany, the death-rate from this cause increased by 57 per cent in 1918 as compared with 1914. Many

countries of Europe, particularly Greece and, in less degree, France, had relatively high tuberculosis death rates even before the present war. It is certain that the sufferings of war-torn and enslaved peoples will cause this disease to assume major epidemic importance. The fragments of information which come to us out of the shadows of even Western Europe confirm this expectation. Virulent and rapid forms of tuberculosis are appearing which have not been seen for decades. In Poland, Greece and the Balkans conditions must be far worse. We shall need experts on tuberculosis in the front lines of our armies of liberation, with x-ray machines, temporary hospitals, mobile clinics and materials for immunization.

Finally, of all the tragedies of war and its resulting devastation, none are more urgently appealing than those which affect maternity and infancy. The ultimate restoration of our world must depend on the health and strength of the children who are being born today. Here, again, we cannot attempt to penetrate the darkness which shrouds Poland and Greece and Nazi-occupied Russia; but we do have information which reveals appalling infant mortality rates in the Low Countries which have suffered less severely. Not only the quantity, but the quality of the future Europe is menaced; for diseases of infancy and childhood will leave their mark on the physique and on the emotional morale of a whole generation. Provision for the health of mothers and children must, then, be another primary task of the United Nations in every liberated and occupied country throughout the world. Pediatricians, nurses and nutritionists must be provided with temporary hospitals, mobile clinics, and all necessary medical supplies.

The health organization of UNRRA in collaboration with national health services will undoubtedly play an important role in the protection of the health of displaced persons; and in coordinating the provisions made for such persons in the area from which they depart, in the process of transit and—if desired—in the country of their destination.

Finally, it is gratifying to note that the Subcommittee of UNRRA which made its report at Atlantic City recognized the great significance of problems of mental hygiene in the period of post-war reconstruction. The subcommittee says, on this point, "The Health Organization may also be called upon by member governments to assist in dealing with the conditions of anxiety, fear and emotional

disturbance which will have arisen in peculiarly great frequency among the children and youth of occupied territories."

The United Nations Relief and Rehabilitation Administration is organized primarily for an emergency task. It is a cause for congratulation that this first step in the organization of actual administrative service with the backing of forty-four nations should have been taken as a direct *ad hoc* attack on an immediate practical problem. This is the sound empirical approach to a new world order.

Those who have been planning for UNRRA have, however, never lost sight of the potential long-range implications of its program. It was pointed out in an early memorandum on this problem that "The aim of the United Nations Relief and Rehabilitation Organization is to help the occupied countries to help themselves—to get them on their feet as soon as possible. While so doing in the health sphere, it is equally important to build progressively toward a world-wide international health organization as one section of an eventual world society of nations." The Report of the Subcommittee on Policies with Respect to Health and Medical Care at Atlantic City says on this point: "A constant objective of the health program should be to demonstrate the effectiveness and need for international collaboration in public health. In so doing it will facilitate the later development of a permanent world-wide health organization."

III. The Necessity for a Permanent International Health Organization

Relief inevitably merges into rehabilitation, rehabilitation into reconstruction, and reconstruction into the welfare of the permanent society of autonomous, democratic cooperating peoples which is the object of our post-war planning. It is this ultimate world order in which the Commission to Study the Organization of Peace is primarily interested.

In such a world order, an International Health Organization must be an integral and important element. It should not be visualized as a Global Super-Health-Department. We are planning for cooperative international cooperation, not the merging of all national sovereignty in a super-state. Nor is it possible—or desirable—that such an organization should monopolize even intellectual and spiritual leadership in its field. We will do well to keep in mind the

mistakes made by distinguished leaders of public health at the Cannes Conference of 1919. At that time the League of Red Cross Societies was set up with a health program so ambitious that in two years it had to be cut down to manageable and practical proportions. Recent proposals that the future international health organization should undertake vast programs of research and should employ a staff "several thousand strong" are—if not fantastic—at least premature.

There are, however, at least three major types of activity which are essential to an adequate program of world health which are within the practical scope of an international health organization and which can be performed only by such an organization.

The first of these functions is the coordination and standardization of the results of research and of administrative practice in the field of public health. If all the peoples of the world had reached a high stage of economic independence and of health and social services, there would still be new individual contributions to the art of public health which should be promptly shared and coordinated for mutual benefit. Dr. Ludwik Rajchman has recently pointed out that the "United States and Great Britain need international biological standards just as much as Greece. China is as interested in tests of mental fitness as Switzerland or Holland. Great Britain, France, and the United States would all derive advantages from the effective control of yellow fever or malaria. And if China or Iran would certainly benefit from western training in medicine and western experience in sanitation, others, like Belgium or Denmark, would benefit by each successive improvement of systems of public medical service in Russia."

A particularly vital aspect of this first function of standardization and coordination must obviously be the collection and analysis of vital statistics from all nations and the continuing dissemination of information with regard to the local prevalence of epidemic disease.

A second primary function of the world health organization should be the training and distribution of public health personnel. The fundamental education of such personnel is the function of national schools of public health; but post-graduate training—through study tours or temporary "internships"—can be carried out only on an international scale. It is a procedure of incalculable value

as demonstrated in the past by the Health Section of the League of Nations and by the International Health Division of the Rockefeller Foundation.

The world health organization should, however, go further than this for a considerable period in the field of personnel. To quote again from Dr. Rajchman: "Great Britain, for 46,000,000 people has 62,000 doctors and 100,000 nurses; Japan, for 100,000,000 has 50,000 doctors; yet India, for 400,000,000 has only 42,000 doctors and 4500 nurses; while China, for 460,000,000 has just 9000 doctors and 2000 nurses. Two hundred and fifty million Europeans, 100,000,000 Arabs, and 200,000,000 Latin Americans stand somewhere between the two extremes."

It should be a responsibility of the world health organization to plan for the bridging, in some measure, of this appalling differential in the opportunities for life; and to secure, to that end, the cooperation of both the "have" and the "have-not" nations in the field of health. It should be in position to loan key personnel for leadership in the education of new national recruits and in the setting up of new local administrative health procedures. Assistance of this type would often involve the organization of commissions of international experts to study special local situations and to prepare practical programs for their improvement.

Finally, in the intermediate stages between direct relief and rehabilitation and the attainment of a world order in which all peoples will enjoy, as a birthright, the benefits of public health science, our world health organization should be in position to stimulate the development of national health work in the less fortunate countries possibly through a system of grants-in-aid.

The late Hermann M. Biggs based his notable contributions to the cause of public health in the United States on the principle that "public health is purchaseable. Within natural limitations a community can determine its own death rate." This principle has a necessary corollary, that "without money you cannot purchase public health." The type of public health organization which we visualize as adequate in the United States requires for a community of 100,000 persons—in the field of public health alone, exclusive of the treatment of the sick—the time of some 8 physicians, 46 nurses, and about 30 other persons, including sanitary inspectors, laboratory ex-

perts, statisticians, and clerks. Such a program will cost about two dollars per year per person in the population served. Even in the United States there are many counties and some entire states which actually lack the funds to pay such an amount for public health from their own resources without taxes heavier than their populations can bear. For this reason we have developed a program of grants from the national government for the development of essential public health services throughout the country, on the sound assumption that disease recognizes no political boundaries and that no nation can be healthy unless all its parts have attained at least a minimum of health security.

What is true of a vast, diversified nation is true of the whole world. Therefore an essential function of the international health organization of the future may well be the provision of judiciously guarded grants-in-aid to nations whose own resources do not permit them to develop their health standards to the level which international security demands. The experience of the Rockefeller Foundation shows how valuable such a policy may be, and our present lend-lease agreements with the United Nations open the door to such a policy on a wider scale. The grants should not come directly from one country alone, and should be administered through a comity of nations. They should be grants and not loans in the technical sense; but they will be in effect loans, since they will build up in the less advanced nations and areas prosperity and purchasing power which will ultimately redound to the benefit of all.

It should, however, be emphasized that such a program, either on a national or an international basis, is in the nature of a temporary stop-gap. The word "temporary" may indeed be interpreted in terms of decades; but subsidy as between one area and another, one nation and another, as a permanent arrangement cannot be consonant with self-respect. Our ideal must be ultimate economic as well as political independence. Where a given nation is now on an economic level too low for the provision of the basic decencies of life, the most important service we can render to that nation is to make an intensive study of its resources in manpower and materials and try to devise a program of national self-support on a level consonant with democratic opportunity. Sometimes the best contribution we can make to the health of an area would be to build a railroad or to remove inhibitory economic barriers to trade.

IV. The Precedent of the Health Organization of the League of Nations

For a considerable part of the program outlined above we have a highly significant precedent in the work of the Health Organization of the League of Nations which was one of the outstandingly successful enterprises undertaken at Geneva.

In the basic field of vital statistics—the sanitary bookkeeping which is the basis of all sound public health effort—the League organized at Geneva a Service of Epidemiological Intelligence which collected from all governments data in regard to the prevalence and movement of communicable diseases and distributed the collected results in weekly, bi-monthly, and annual bulletins and—when desirable—in multigraphed sheets issued several times a week. It established at Singapore, in the heart of one of the most acute epidemic zones, a Far Eastern Bureau from which the most recent information in regard to such diseases as cholera and plague was broadcast (to the scandal of conservative health authorities) weekly or daily so that the news of infection at a given port could be picked up by ships at sea and by planes in flight. The epidemiological intelligence service of the League covered 80 per cent of the world's population; and the Singapore Bureau alone received regular reports from 180 seaports.

In more technical fields of coordination of health knowledge, the work of the Commission on Biological Standardization has been of particular importance. A sound policy was developed which involved the formulation of the basic terms of a given problem by the world's best-qualified authorities, the calling together of an international group of experts for preliminary discussion, the conduct in various countries of necessary experiments and comparative tests, and finally the formulation of a multi-national report on standard terms and procedures. In this way, 27 different standards for antitoxic sera, organic extracts (thyroid, sex hormones, etc.) vitamins and vital preparations used in medicine were adopted and international standard preparations for comparison were made available at national laboratories in England and Denmark, acting for the League of Nations. Many of the standards prepared by this Commission have been adopted by such national agencies as the U.S. Pharmacopeia and have become accepted standards.

Of equal significance has been the contribution of the League in the field of nutrition. Beginning with a report on "The Food of Japan" and a survey of nutrition in Chile requested by the government of that country, the Health Section made a report in 1935 on the nutritional requirements of the human organism which has been the basis of our nutritional program throughout the world.

The Malaria Commission of the League, as a result of repeated and arduous conferences and extended field study, succeeded in harmonizing widely divergent schools of thought in Europe, Asia, and America into a sound and accepted program for the prevention and treatment of this greatest of all microbic enemies of the human race. International courses for malariologists organized at schools of tropical medicine in London, Hamburg, Paris, Rome and Singapore under League auspices proved particularly valuable. Similar constructive approaches have yielded important results in the diverse fields of tuberculosis, of syphilis, of rabies, of leprosy, of infant mortality, of cancer and of sleeping sickness in equatorial Africa.

The League studies on Rural Hygiene, on Housing, on the health of the school child and on physical education have extended its influence into the fields of health promotion in a more positive sense. In particular, the Commission on Housing has had a far-reaching influence in developing standards of home design and construction, compatible with the maximum of physiological, psychological and social health. The Committee on the Hygiene of Housing of the American Public Health Association was created at the request of the Housing Commission of the League as its corresponding body in this country and its work is still continuing actively.

A contribution of the Health Organization which has been temporarily buried by the world cataclysm but which promises to be of great value in the post-war period was the preparation of a report on Sanitary Indices by which the total health program of a given area can be evaluated and appraised.

In the field of direct service to particular nations, the first call came to the League in 1920 when the exiles who had left Poland with the retreating armies of the Czar in 1915 were pouring back across the frontier infected with typhus fever. Of 20,000 men, women, and children who took refuge in Poland after Denikin's defeat, 8000 required hospitalization; 6000 of them for typhus and relapsing fevers. In 1919 and 1920 there were nearly 400,000 cases

of typhus registered in Poland, with over 40,000 deaths. Through the admirable efforts of the Polish government, aided by the League Commission, quarantine stations were established, foci of infection were eradicated and Western Europe was saved from an epidemic such as that which devastated it after the retreat of Napoleon.

Another outstanding achievement was the response of the League to a call from the government of Greece in 1928 to aid in the sanitary reorganization of that country. Here, the outstanding problem was malaria. This disease was introduced into the Attic peninsula in the fourth century B.C., just at the time of the maximum glory of Athens. Many authorities believe that the decline of the great classical civilization of Greece was due to this cause; but—be that as it may—Greece was certainly heavily handicapped by the scourge of malaria for two thousand years. When the government asked for aid, a group of health experts from the League joined with Greek officials in a survey and the preparation of a program of action which was set in motion in 1929, with key personnel from the League staff. It may well be that the gallant stand of Greece in 1941—which saved the whole Mediterranean for civilization—was made possible by the results which followed from this program of malaria control.

In 1930, the government of the Republic of China asked the League for advice and assistance in regard to port quarantine, the organization of public health programs, including control of smallpox and cholera, medical education and medical and hospital services. The development of health centers and hospitals and laboratories under the direction of a central health institute followed with astonishing rapidity; and these institutions—moved into the interior —now serve as vital features in the magnificent morale of the Chinese people in their defense of the continent of Asia against the wave of Japanese barbarism.

Many other similar surveys were made of health administration in Czechoslovakia; of sanitary conditions in Bolivia; of syphilis control in Bulgaria; of anti-cholera measures in Shanghai; of malaria in Albania, Jugoslavia and Siam; of typhus in Roumania; of infant mortality in Belgium, France and Holland.

In the field of personnel training, the League made a particularly valuable contribution by the organization of "sanitary interchanges", collective study tours of health experts selected from a group of na-

tions sent for a period of some weeks to one or two selected countries where particular advances had been made in special fields of public health. These study tours proved extremely fruitful and they were supplemented by the provision of the facilities of field experience for individual health specialists whose authorities desired them to obtain further training in a particular field. Bacteriologists and malariologists, as well as health administrators profited greatly by such opportunities.

Even under the eclipse of a world war, the beneficent influences of the Health Section have not ceased. The bulletins of the Epidemiological Intelligence Service are still issued with information from those countries from which information is available. A meeting of experts to formulate, from the medico-social standpoint, lines along which displacements of population might be controlled, has been held. The Commission on Biological Standardization is still active, having developed two new international standards—for Vitamin E and for heparinin—in 1942 and 1943. Researches planned by the Malaria Commission are still under way; and national corresponding committees on Housing and on Physical Fitness still carry on.

V. Essential Elements of a Future International Health Organization

THE TIME has not yet come to decide whether the world health service of the future shall be based on the Health Section of the League of Nations, or the Health Committee of UNRRA or on a combination of the two; or whether it should be developed as a new and unique organization; or as a part of the framework of a future new association of nations. It is, however, possible—from past experience—to formulate rather clearly what its own organization should be, in terms which could be adapted to any type of general world order which may be evolved.

The first essential basis for any International Health Organization must be a Secretariat, adequate in size and quality of personnel and protected from the interference of selfish national or private interests. Its objective should be service and not domination—service to the health leadership of all the United Nations of whatever kind and degree those nations may desire, ranging from the distribution

of statistical information and cooperation in the preparation of standards to the provision of personnel and funds for special projects and possibly the actual administration of health service in certain mandated areas on request. The selection of such a Secretariat must obviously be made with the greatest care, having regard not only to technical competence but also to a spirit of loyalty to the ideals of the United Nations which will ensure service to those ideals rather than to purely national questions of prestige. It was the latter quality which gave the work of the Health Section of the League much of its unique influence.

The size of the Secretariat will depend upon the success of its expanding program. It should, from the first, however, be visualized as larger than the staff of fifteen experts employed by the Health Section of the League. It seems probable, on the other hand, that the estimate made by an eminent authority of a staff of "thousands" is far beyond what is practical or desirable. An initial staff of 30, rising perhaps to a few hundreds, would seem to be nearer the mark.

The Secretariat should be appointed by, and work under the direction of, a Director of Health. It does not seem advisable (as has been recently suggested) that national governments should share in routine staff appointments. If—as may probably prove desirable—Health Attachés should be appointed to represent the Health Organization at the capitals of important member nations, the appointment of such attachés would of course be subject to approval by the heads of the national health services concerned.

The Director of Health should have the powers outlined by the Subcommittee on Policies with Respect to Health and Medical Care of UNRRA, being responsible for the health and medical aspects of all United Nations activities. "He would be directly concerned in all major policy and administrative decisions in which health, medical or nutrition problems are involved"; and in addition to such determinations of policy, he should have full responsibility for the administration of all activities of the Health Organization. Clearly, the status and success of the entire enterprise will "depend on obtaining the services of a Director of Health of the highest possible professional standing, whose previous work is such as to command the respect of those qualified to judge, both from a technical and administrative point of view."

If the Health Secretariat forms an integral part of an international

secretariat of wider scope, the Health Director should be appointed by the Secretary-General of that organization, perhaps with confirmation by its Council or Assembly. If the Health Organization stands alone, its Director might be appointed by the Advisory Council to be discussed in a succeeding paragraph.

The second element in the Health Organization should be a Health Committee of 15-20 members which should meet three or four times a year to receive the report of the Health Director, to formulate the general policies of the Health Organization and to pass on the budget of its work. This Committee should include both national health administrators and other specialists in important areas of public health, all serving in their personal capacity as experts.

If the Health Committee forms a part of a larger world organization its members should be appointed for overlapping terms by the Assembly of that organization. If the health work is set up on an independent basis, its members might be appointed by the Advisory Council. It should report annually to the body which appoints it; but it is essential that the Committee—and the Director of Health as its representative—should have direct access to individual national health authorities when desirable.

The Health Committee should appoint and have jurisdiction over any Regional Health Committees which may be created. It should also appoint and direct the activities of Technical Committees. It should have discretionary power to convene international conferences on subjects within its field of competence and to seek the cooperation of national health services and other agencies in the prosecution of its tasks. It should be the advisor on all health matters to whatever over-all world authority may function in this field.

Finally, the third element in the International Health Organization should be an Advisory Council made up of the heads of national health services (or their representatives) of all the United Nations and ultimately of all the nations of the world. This body should meet annually to hear reports from the Health Committee and from the Health Director and to formulate broad lines of international health policy for the coming year. It should also be possible for special emergency sessions of the Advisory Council to be called by the Director of Health with the approval of the Health Committee.

In the absence of a regularly constituted World Assembly of Nations the proposed Advisory Council would be essential for the appointment of the Health Committee and the Health Director. Even when these functions were exercised by such an Assembly, the convening of an annual conference of national health services would have three distinct advantages. It would offer an invaluable guide to the Health Committee and the Secretariat as to the attitudes of the national health administrations through whose cooperation alone international health service can be effective; it would be an excellent means of keeping the national health services informed as to the objectives of the International Health Organization and the aid which that organization would be prepared to offer; and it would provide facilities for working out the details of international sanitary conventions and other specific forms of governmental cooperation.

It has been suggested by several students of this subject that the Advisory Council of the International Health Organization should include representation of the general public, on the pattern of the government-employer-employee basis which has proved so valuable in the I.L.O. This seems a fallacious analogy. The I.L.O. deals with problems which involve possibly divergent interests of important groups; in such a case triple representation is essential and effective. There is, however, no divergence of interest between the producer and the consumer of health. Here, the national health service represents the consumer and represents him far more effectively than would any representatives at large.

The formulation of the functions of such an Advisory Council as is here contemplated obviously raises the question of relationships with the Office International d'Hygiene Publique created by International Convention in 1907.

The underlying concept of the Paris Office represents a principle of cooperation between national health services which seems essential for sound progress. It was for this reason that the Office International was actually utilized in the machinery of the League as an advisory body to the Health Section; and the international conventions under which the Office was created are in existence and must be recognized in planning for any future world order.

The Office represented a real step forward in international coordination. Its greatest defect was that it did not form an integral

part of a general international organization; and it suffered greatly from the fact that participating countries were often represented by diplomats, not technicians. We need more, not less international cooperation; but we must save what we have, fitting it into the most efficient pattern. It might therefore be wise to perpetuate the Office International as the Advisory Council of the future International Health Organization, which could be done by simple changes in the Sanitary Conventions under which that Office was created. It should, however, under no circumstances, have a separate secretariat of its own. There is room for only one International Health Organization. Into that organization the Advisory Council (whether a newly-created council or that of the old Office) should be closely integrated. The Council might well, however, have an unpaid Chairman and Secretary, elected annually from its own membership.

The work of the International Health Organization should obviously be intimately correlated with other branches of the work of the future world organization. Under the League, such cooperation with the Opium Commission and with the Commission on Traffic in Women and Children proved particularly effective. The Health Organization should be of service to the I.L.O. in the fields of Social Security and Occupational Hygiene. In the immediate future, close cooperation with international agencies dealing with Agriculture and Food Distribution will be essential since the basic objective of nutrition is a technical problem in the field of health.

Finally, there are many unofficial agencies, such as the League of Red Cross Societies, the National Red Cross Societies, and numerous international organizations working in special fields, such as infant and maternal health, mental hygiene, the control of tuberculosis, venereal diseases, cancer, epilepsy, leprosy, blindness, alcoholism and the like. The efforts of such groups could be of the greatest value, if in so far as they are coordinated with the International Health Organization, they respect its judgment in technical matters.

The Health Committee—as was the case with the League—will accomplish a major proportion of its task through the counsel of groups of experts in the various specialties with which it is concerned. It should therefore have the power (in certain circumstances perhaps delegated to the Director of Health) to appoint Commissions of Experts in important fields. Some of these will be Standing Commissions, such as those created by the League to deal with the

standardization of biological products, with the general problems of malaria, of nutrition and of housing. Some will be *ad hoc* commissions to deal with special problems such as were created by the League to deal with nutrition in Chile and malaria in Greece. The fields which will probably be covered will be suggested in a later section of the present report. Obviously, the members of these Commissions should be appointed for technical competence and without regard to national or political representation.

It seems vitally essential for the world order of the future to strike the proper balance between centralization and decentralization. The major defect of the League of Nations, from the standpoint of administrative machinery, was inadequate decentralization.

In this field we lack the guide-posts of experience. Development must therefore be tentative and empirical. It seems certain, however, that we shall need strong and active regional organizations in the health field. The continent would seem a natural basis for such regional organization; but, in the case of the Pan American Sanitary Bureau, two continents are united. Africa might be best served by several regions, the Mediterranean coast countries perhaps falling within a European area.

Where a strong regional organization now exists, as in the case of the Pan American Sanitary Bureau, that organization should clearly be recognized and brought into close and cooperative relationship with the new world health organization. The Singapore Bureau of the League of Nations offers an excellent basis for development in the Far East. Where no precedent exists, the Regional Health Committees should be appointed—either by the Health Committee of the International Health Organization or by the Advisory Council of that organization.

Each Regional Health Committee should have its own local Secretariat under its own Health Director, either appointed and paid by organizations having local funds (as in the case of the Pan American Bureau) or by the International Health Organization.

The relation between the world organization and the regional organization would necessarily differ with the degree of autonomous self-support enjoyed by a given area. It should be the objective to secure a maximum degree of cooperation between the central and regional committees and secretariats in the execution of their common tasks.

The funds for the work of the International Health Organization could be obtained in one or the other of two different ways. If the Health Secretariat were part of a larger world organization, the Assembly of that organization could allot a budget to the Health Organization from its general funds, as was done at Geneva. Even under such a larger world order, it has been suggested that the health work might be supported by a tax for that specific purpose levied upon all member nations, according to the plan followed in supporting education in many American states. This would clearly be the only practical method of financing an independent and autonomous health organization. One eminent health expert has suggested a levy of one per cent of the amount spent by each nation for the promotion of health within its own borders; and such an arrangement would certainly provide a generous budget for the International Health Organization.

The financing of the Health Organization should include not only the expense of the Secretariat but also—particularly in the post-war period—a substantial sum to be allotted by the Health Committee for the support of special missions and for grants-in-aid to member nations. The constitution of the organization should permit the receipt of voluntary gifts for special purposes from national or voluntary philanthropic agencies.

In any case, the budget of the Health Organization should, in its general terms, be subject to the final approval of the Advisory Council or of the Assembly of the general world order of which it may form a part.

VI. Major Objectives of the International Health Organization

The chief activities of the International Health Organization may be summarized under five main heads:

1. *Epidemiological Intelligence.* The service rendered by the Health Section of the League should be revived and extended so that continuous and comparable vital statistics for all nations may be made available as promptly and completely as possible, with continuing efforts to secure accuracy and completeness of the basic data involved. Special provision should be made for regular and

frequent release of current reports as to the local incidence of communicable diseases of major importance.

2. *Direct Service in Emergencies.* The International Health Organization should be in position to provide—from its own staff or from a list of personnel available for call from various countries—experts in various fields ready to assist individual nations in dealing with serious health emergencies as they may arise. *Ad hoc* Field Missions could be promptly organized to deal with special problems created by epidemics of communicable disease or economic stress; or to advise on the organization of special national programs (for malaria control, nutrition and the like) or for the reorganization of national health machinery on a wider scale. In mandated areas or other backward territories, such direct service by the international agency might be of more than temporary nature.

In connection with direct service by the personnel of the Health Organization, there should be funds available for grants-in-aid for the development of local or national programs in countries which cannot sustain such programs with their own immediate resources.

3. *Negotiation of Sanitary Conventions.* The International Health Organization—through its Advisory Council—should be in position to promote the negotiation of universal, or bi-national or multinational agreements with regard to procedures of isolation and quarantine and control of travel and of the interchange of goods, in cases where issues of the public health are involved. Through the leadership of its secretariat and its Health Committee procedures far more prompt and efficient than those of the old Office International could be developed.

4. *Technical Commissions.* The work of the Commission on Biological Standardization of the League should be continued and extended. Perhaps an International Pharmacopeia might ultimately be visualized; work on this subject has already made some progress. The Commission on Nutrition should continue its highly fruitful work, and extend it to show how fundamental physiological needs can be met through the use of indigenous foods in various areas. A Commission on Administrative Health Practice could perform a useful service by extending the development and application of sanitary indices for the evaluation of health practices in a given area.

Such commissions as the three mentioned above have operated in

the case of Biologic Products and Nutrition in the past—and a Commission on Administrative Practice would operate in the future—largely on the basis of definition and standardization. While by no means clearly separated from this group, the League had other Technical Commissions functioning in fields where standardization plays some part (as in the procedures of the League's Cancer Commission for collecting comparable statistics as to the results of operative procedures); but where preliminary analysis of problems and procedures, pooling of information, formulation of objectives, development of profitable techniques are the chief needs of the moment. Such topics as the following indicate some of the most challenging problems for future study by special Technical Commissions.

1. Malaria
2. Rabies
3. Hookworm Disease
4. Cancer
5. Venereal Disease
6. Tuberculosis
7. Maternal and Infant Health
8. School Health
9. Physical Education
10. Housing
11. Medical Care
12. Social Security
13. Rural Hygiene
14. Mental Hygiene
15. Popular Health Instruction.

All of these topics, except Hookworm Disease, Mental Hygiene and Popular Health Instruction were made the subject of analysis by Special Commissions of the League Health Section. The experience of the present war, in which emotional maladjustments constitute a major factor in discharge from the armed forces, and in which civilian populations in many areas are exposed to emotional stresses scarcely duplicated in human history, seems certain to initiate a new comprehension of the need for national and international mental hygiene programs. Nearly half of all hospital beds in any given area are occupied by patients suffering from mental and nervous diseases; and major and minor maladjustments of this kind constitute a full half of the total problem of community health. Special comparative studies of the techniques of Popular Health Instruction, and of their application in varying social and psychological milieus is another question which must deserve serious study in the future.

As circumstances permit, the International Health Organization should appoint Technical Commissions to deal with such subjects as those suggested above. The procedure is a notably economical one since the counsel of leading experts constituting such commissions can be obtained without cost other than out-of-pocket expense in attendance at meetings; but each Commission would, of course, require service from one or more members of the Secretariat. It is not believed that such Commission studies would involve the establishment of laboratories or new research institutions of an international character—but rather the stimulation and coordination and comparative analysis of the results of study in established centers of research.

5. *Training and Distribution of Personnel.* The experience of the League of Nations, of the Rockefeller Foundation and of the Pan-American Sanitary Bureau have demonstrated the incalculable value of international planning for post-graduate training provided through individual fellowships and group study tours. Such cross-fertilization of national knowledges is a two-way process in which almost every nation and almost every area has something to contribute, in the shape either of a problem or a solution. Health officers from many lands have carried the laboratory techniques of Copenhagen and Baltimore to their own home areas. The public health nursing techniques of the United States have had a world-wide influence. Denmark and Sweden have taught us how to control syphilis. The Soviet Union sets us an example in its health program for maternity and infancy. In housing we may learn from Sweden and Holland—and some things have been contributed by the United States. The control of malaria and yellow fever is brilliantly demonstrated in Brazil.

The International Health Organization should therefore have a well-financed program of post-graduate training in the diverse fields of public health, implemented through fellowship grants and study tours. It should serve as an informal distributing center for the best knowledge and the best men and women to those parts of the globe where knowledge and skill in these fields is most sorely needed.

We may therefore visualize the Secretariat of the International Health Organization as including at least the following five divisions:

1. Epidemiological Intelligence
2. Field Service
3. Sanitary Conventions
4. Technical Commissions
5. Training of Personnel.

VII. The Challenge of the Future

In our international planning for health, we must look beyond the emergency relief of starvation and the checking of immediate post-war epidemics. We are fighting this war for world security and world peace. We must recognize that such an ideal cannot be a merely negative one. World peace maintained by armed force alone —even the armed force of the United Nations—can only be a temporary and unstable peace. A real peace can only rest on what a great English reformer once described as "deliberate national consents." A true world order can only exist in a commonwealth of nations in which each people can see a reasonable hope of leading a decent and satisfying life. The "American Standard of Living" is no longer possible, in a world of radio and airways, behind the walls of national isolation. It must depend on a democratic world order—in which, alone, a democratic state can function. But no democratic world order can be built on a foundation of starving and disease-ridden peoples.

We must, then, look forward to the gradual development in each country of a long-term program of constructive health service. The ultimate ideal of such a program has been suggested in a commonly accepted definition of public health as "the science and the art of preventing disease, prolonging life and promoting physical and mental health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing service for the early diagnosis and preventive treatment of disease, and the development of social machinery which will ensure to every individual in the community a standard of living adequate for the maintenance of health."

We—with the other more fortunate nations of the earth—must do

our share in feeding the hungry, in healing the sick, in the upbuilding of the livelihood of less-favored peoples because we recognize our moral responsibilities as human beings. We must, however, recognize that this is also the only course of intelligent self-interest. The world, on this shrunken globe of ours, cannot exist half-slave and half-free, half sick and half well, half poor and half rich.

Today, in the light of the miracles of modern science and technology, the ideal of the good life for all is by no means unattainable. Donald M. Nelson tells us:

"For a generation we have been living on the edge of a new world; we are only beginning to realize it. For the first time in the history of the human race there can be enough of everything to go around. Poverty is not inevitable any more. The sum total of the world's greatest output of goods divided by the sum total of the world's inhabitants no longer means a little less than enough for everybody. It means more than enough."

The possibilities in that simple statement are beyond calculation—and what we are fighting for is the right to turn some of those possibilities into realities.

With the resources now at our disposal—if we choose to establish and to support a real International Health Organization—it should be possible to attain a reasonable standard of nutrition in Poland and in China, to increase hospital and medical facilities in the less fortunate areas, practically to eliminate diphtheria, and typhoid and typhus fever, to reduce malaria and hookworm disease in Greece, in West Africa, in the South Pacific to a point far below their present incidence, to check and turn back the wave of war tuberculosis, to insure to mothers in childbirth and to infants and young children a reasonable chance of life. It will take vision and leadership and it will cost money—but only a tiny fraction of the vision and leadership which has built up the military establishments of Russia and Britain and the United States; and only a tiny fraction of the money those establishments have cost.

If we do this we can—in a period of twenty years—not only compensate for the ravages of war, but raise the world society to a level it has never known before.